



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3615 Name George Douglas *R.L.*

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. George Douglas
2. What is your full Address? 2. 61 George St.
3. Are you a British Subject? 3. No
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. Fireman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. No
9. Are you willing to be enlisted for General Service? 9. No
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, George Douglas do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

George Douglas SIGNATURE OF RECRUIT.
W. Edwards Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Douglas do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 16 day of April 1915.

Signature of Attesting Officer W. Edwards

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....1915 } Approving Officer.
Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name George Hoiglar
 Apparent age 24 years months. Height 5 feet 11 inches
 Chest Measurement { Girth when fully expanded 40 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Arthur Hoiglar
United States | Relationship Brother

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pensions " _____ [" "] _____ " _____									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3615 Name George Hoiglas R.L.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Yes Hoiglas
- 2. What is your full Address? 2. 6 George St
- 3. Are you a British Subject? 3. No Russian
- 4. What is your age? 4. 24 Years Months
- 5. What is your Trade or Calling? 5. Fireman
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. Yes
to be signed by you if you are accepted? }

I, George Hoiglas do solemnly declare that the above answers made by me to the above questions are true and that I am willing to fulfil the engagements made.

16 4 17 George Gordon SIGNATURE OF RECRUIT.
R. Redwood Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Hoiglas do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John on this 16 day of April 1917.

Signature of Attesting Officer R. Strasser

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date 1917 }
Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name George Hoigton
 Apparent age 24 years 0 months Height 5 feet 11 inches
 Chest Measurement { Girth when fully expanded 40 inches
 Range of expansion 5 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Anthony Hoigton
United States | Relationship Brother
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from <u>16-4-17</u>										
Joined at <u>St John's</u> on <u>April 16th 17</u>										
Embarked <u>St John's S.S. Hoiget to Liverpool</u> <u>18-17</u>										
Embarked for <u>S.E. I.</u> <u>1-12-17</u> joined <u>Bath</u> <u>14-12-17</u>										
Wounded <u>20-1-18</u> admitted <u>27th Feb</u> <u>St John's</u> <u>20-1-18</u>										
Admitted to <u>the Hospital</u> <u>27th Feb</u> <u>St John's</u> <u>20-1-18</u>										
Dept <u>London</u> <u>20-4-18</u> joined <u>Barr</u> <u>23-4-18</u> transferred										
to <u>England</u> <u>1-5-18</u> later to <u>Hoag Winchester</u> <u>14-5-18</u> to <u>files for</u>										
demobilization <u>12-12-18</u> Arrives <u>Campanians</u> <u>21-12-18</u>										
<u>Demobilization</u> <u>St John's</u> <u>27-1-19</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>27-1-19</u> (date of discharge)										
" " " " Pensions " " " "										
" " " " " " " "										

C.R. 3615

Extract from Daily Orders Part 11 Unit The Royal Wfid,
Regt., St. John's, Jan. 29th, 1919.

The discharge of the Undernoted on Demobilization has been
CONFIRMED by Officer i/c R^ecords from Noted date.

3615 Pte. Geo. Geiglas.

27-1-19.

C.R. 3615-

Extract of Daily Orders Part II, dated Jan. 16th 1919.

The discharge of the undernoted has been approved by O.C.

Discharge Depot on noted date.

3615 Pte. Geo. Goiglas

Discharged 13-1-19

C.R. 3615-

Extract from Medical Board held Wednesday Jan.
8th, 1919.

3615 Pte. Goiglas G.

Recommended discharge as Permanently Unfit.
REQUIRES TREATMENT.

C.R. 3615

Extract from Daily Orders part 11, depot St. John's dated Dec. 23/1918.

~~The undernoted discharge and rehabilitation have been approved by~~

The undernoted returned from overseas and reported at depot 21-12-18.

#3615 Pte. J. Goigalis.

C.R. 3615

Extract from Nominal Roll of repatriation draft from the
2nd., Battalion of the Royal Newfoundland Regiment per
S. S. CORSIGAN, which embarked at Tilbury Docks
12/12/18.

#3615 Pte. J. Goigalis.

C.R. 3615

Extract from Daily Orders Part 2, by Lt. Colonel, R.A. Berners, D.S.O.
14-5-18.

The following having reported back from the 1st Batt. ~~3615~~ is
posted to "H" Coy. from 14-5-18.

3615 Pte. Geiglas

Mar. 30,

14

Dear Mr. Goigalis:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 3615, Private George Goigalis was at 56th General Hospital, Staples, March 20th, suffering from G.S.W. right leg mild.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Anthony Goigalis

61 George St.



Minister of Militia.



DEPARTMENT OF MILITIA

ST. JOHN'S ^{Mar. 30,} 19 18
NEWFOUNDLAND

Dear Mr. Goigalis:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 3615, Private George Goigalis was at 56th General Hospital, Etaples, March 20th, suffering from G.S.W. right leg mild.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Mr. Anthony Goigalis
61 George St.

Yours faithfully,

Minister of Militia.

No address

J.R.B.



SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

WINCHESTER - RECORD OFFICE

554236 Pte Nash A. 1/16 Londons
 304207 L/C Hall P. 1/5 Londons
 303492 Pte Polhill A. 1/5 do.
 32041 " Phillips F. 16 R.B.

421029 Sgt Woodroff G.H. 2/10 Londons
 304544 Pte Saunders F.T. 1/28 London
 304456 " Catlin A.J. 1/28 do.
 373907 L/C Newman H. 1/17 do.
 202104 Dpl Knapp W. 16 Rifle Bde
 535120 Pte Verrinder S.A. 15 London
 40709 " Walker G. 1/5 do.

Gas Shell W. Adm 6 Con Dep Etaples ex 18 Gen H 22 Mar.18
 Debility Adm 6 Con Dep Etaples ex 22 Gen H 22 Mar.18
 Gas Shell W. Adm 6 Con Dep Etaples ex 22 Gen H 22 Mar.18
 Aphonia Functional Adm 7 Con Dep Boulogne ex 3 Can Gen H 19 Mar.18
 Slt.

Laryngitis Slt Adm 7 Con Dep Boulogne ex 3 Can Gen H 19 Mar.18
 GSW Arm.L. Adm 1 S.A.Gen H Abbeville 24 Mar.18
 ICT Multiple Adm 1 S.A.Gen H Abbeville 24 Mar.18
 GSW Knee R.Hand R. Adm 1 S.A.Gen H Abbeville 24 Mar.18
 GSW Abdominal Wall Adm 1 S.A.Gen H Abbeville 24 Mar.18
 Gas Poisoning (W) Adm 1 S.A.Gen H Abbeville 24 Mar.18
 do. Adm 1 S.A.Gen H Abbeville 24 Mar.18

FOOT GUARDS

29470 Pte Forknall S. 3/Gren Guards
 16533 Pte Haxell P. 4 Coldstream Gds.

12886 " Lowe A. 1 Scots Gds.
 27861 " Woodhead T. 2 Gren.Gds
 11858 Pte English S. 1 Irish Gds
 3605 L/Sgt Brown J. 1 do.

Contus Ankle.R.Acc. Dis to MB Dep Etaples Cl A ex 6 Con Dep 22 Mar.18
 Inflam Femoral Adm 6 Con Dep Etaples ex 18 Gen H 22 Mar.18
 Glands L.

P.U.O. Adm 6 Con Dep Etaples ex 22 Gen H 22 Mar.18
 D.A.H. Adm 6 Con Dep Etaples ex 22 Gen H 22 Mar.18
 Trench Feet Adm 6 Con Dep Etaples ex 4 Gen H 22 Mar.18
 Gassed Shell W. Adm 6 Con Dep Etaples ex 4 Gen H 22 Mar.18

ADMIRALTY

748 Gnr Bunn G.A. R.M.Arty 5 Gun.

Lacerated Wd.Knee L. Adm 6 Con Dep Etaples ex 7 CanGen H 22 Mar.18

NEWFOUNDLAND CONTINGENT

3615 Pte Gales G. 1 Newfoundland R.

SW Finger, Third R. Adm 6 Con Dep Etaples ex 56 Gen H 22 Mar.18

Goualis G.



558.



C.R. 2618

SICK AND WOUNDED N.C.O.'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

INFANTRY RECORD OFFICE - WARWICK (PART 1)

LIST No H. A. 20853

32990	Pte. Atter.J.	1/Globe R	Whitlow R Finger Mld.	Adm 58 Gen H Etaples 20th March'18
33097	" Swain.A.	1/R War R	Appendicitis Mild.	Dis to 3 Med Board Base Dep Ex 58 Gen H Etaples 20th March'18

ARMY SERVICE CORPS

LIST No H. A. 20853

155534	Pte. Thackray.C.E	ASC Mt 11 Div Sup Col.	GSW Foot L Sev.	Adm 53 Gen H Boulogne 20th March'18
T4/255238	Dvr. Porter.D. F.	ASC HT 57 Div Trn	Osteoarthritis Mld.	Adm 53 Gen H Boulogne 20th March'18
127486	Pte. Edey.G.	ASC 58 Railhead	Debility Mild	Adm 53 Gen H Boulogne 20th March'18
T/275134	Dvr. Bowers.G.H.R.	A.S.C. H.T. "B" Siege Park	Inf Mid Ear Mild	Adm 58 Gen H Etaples 20th March'18
321989	Pte. Tomlinson.W.	229 Div Emp Co att No 3 Co ASC (8 Leicesters	P.U.O. Mild . . .	Adm 58 Gen H Etaples 20th March'18

NEWFOUNDLAND EXPEDITIONARY FORCE

LIST No H. A. 20853

3615 Pte. Gogals.G. 1/Newfoundland GSW Rt Hand Mild. ✓ Adm 58 Gen H Etaples 20th March'18

Gogals

551

Extract from Casualty received from Pay & Record Office,
London, dated February 15, 1918.

The following Casualty in the 1st. Battalion, The Royal
Newfoundland Regiment, with the British Expeditionary Force
is reported under various dates:-

#3615 Pte. G. Gorgalis. ✓

Wounded.

Feb. 23d, 18

Dear Mr. Geigalis:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that No. 3615, Private George Geigalis was wounded Jan. 20th no particulars.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

J. R. Bennett

Acting Minister of Militia.

Mr. Anthony Geigalis,
61 George Street,
CITY

C.R. 3615



DEPARTMENT OF MILITIA

ST. JOHN'S Feb. 3rd, 1918
NEWFOUNDLAND

Dear Mr. Goigalis:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that No. 3615, Private George Goigalis was wounded Jan. 20th no particulars.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

J. R. Bennett

Acting Minister of Militia.

Mr. Anthony Goigalis,
61 George Street,
CITY

Notified at 61 George Street; present residents know nothing of 3615 Mr Goigalis

CABLEGRAM

No. of M. 180/39

Line No. _____



Prefix.	Code.	(Office of Origin and service instructions)	For Postage Stamp.
Words.	Charge.	Via Commercial	This form will be accepted at any Post Office.
	£ s. d.		

To **MILITARY****ON NEWFOUNDLAND GOVERNMENT SERVICE****STJOHNS (Newfoundland)****WOUNDED JACKDRAKE PALERBEAR 3615 GOIGALIS****SYNOPTICAL****NOT TO BE TELEGRAPHED.**

Having read the Conditions printed upon the back of this form, I request that the above Telegram may be forwarded according to the said Conditions, by which I agree to abide.

Signature _____

Address _____

59 Victoria St. S.W. 1.**CABLE ADDRESSES, REGISTERED IN ANY PART OF THE WORLD (OR WITH ANY COMPANY), ARE AVAILABLE OVER THE COMMERCIAL CABLES.**

(For List of Stations, p. 10.)

C.R.
3615

C.R. 3615

Extract of casualties received from Pay & Record Office,
London, dated ^{29/}~~23rd~~ 1, 1918.

#3615 Pte. G. Goigalis. ✓

wounded 20/1/18.

Auth: -O.C. UNIT 21/1/18.

C.R.

C.R. 3615

Extract from Nominal Roll Draft No.34 embarked Southampton 1/12/17
from 2/1st Newfoundland Regiment to 1/1st Newfoundland Regiment

B.E.F.

3615 Pte. Goigalis, G.

MP.

C.R. 3615

Extract from Seminal Roll, embarked for Overseas from St. John's 17³¹

3615 PTE. G. GOIGLAS.

C.R. 3615

Extract from Daily Orders Part II Unit The Royal Rifles
Regt., St. John's. April 16th, 1917.

3615 Pte. George Goigalis.

Attached to the strength from April 16th, 1917.

J. Douglas

CR. 3615

~~1900~~



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of George Goiglas
aged 24 years conducted at
Date: April 16th / 1919 Recruiting Officer:

NO OF TEST FINDING

1 no
2 no
3 no
4 no
5 no
6 no
7 no
8 no
9 no no
10 no
11 no
12 no
13 no
14 no
15 no
16 no
17 no
18 no
19 6/6 Bitch
20 no
21 no
22 no
23 no
24 no
25 no
26 no
27 no
28 no
29 no
30 no
31 no
32 no
33 no
34 5ft 11"
35 161 lbs.
36 30-40
37 18 teeth on X-ray
38 sister in the States
39 no

[Large handwritten scribbles and markings, possibly '1' and '2' with loops]

Signature of Medical Examiner: [Signature]

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3615 Rank Pte. Name Goigles. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____
DR. STATEMENT OF ACCOUNT OR.

PARTICULARS	\$					PARTICULARS	\$				
	£	s	d	£	s		d	£	s	d	
Balance Dr. from						Balance Cr. from					
Allotment days @						Pay 19 days @ \$ 1.00	119	00			
Cash Payments:						Field Allow 19 days @ \$ $\frac{10}{100}$	11	90			
18 Pay.			1	10	0	Other Allowes days @ \$	120	90	14	5	11
22 " "			2	14	0	Other Credits:					
Other Debits:						Copy sent to of No 21303/210					
B. Damages					6	Ptd. 24.12.18.					
Mis. Stopp.					1						
						Total Credits			14	5	11
Total Debits			14	5	11	Balance due to Paymaster			14	5	11
Balance due by Paymaster			14	5	11				14	5	11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____ Co.

HAZELEY DOWN CAMP.

(Place)

Dec 11th 1918

(Date)

O.G. "F" Company.

Made up/checked in accordance with information received in the Pay & Record Office _____ and is therefore subject to amendment if and as may be found necessary.

t5 11

Pay & Record Office, London.

NEWFOUNDLAND CONTINGENT

N.F.P/108.

CIVIL EMPLOYMENT FORM

To be completed and signed by the Soldier and countersigned by the Officer Commanding his Company, and forwarded in DUPLICATE to the Pay & Record Office, 59, Victoria Street, London, S.W.1.

Regtl No. 3615. Rank Private

Surname Engles. Christian Names Geo.

1. What was your regular occupation previous to enlistment? Donkey Engine Driver

2. Are you able to resume the same occupation? No.

3. Will your former occupation be open to you when you have received your discharge? Yes.

4. If you do not think so, state fully reasons why.

7

5. If your former occupation is no longer available, what form of employment do you now seek? _____

6. If a new form of employment is rendered necessary by disability caused by Military Service, what training do you consider requisite? None.

[Signature]
Signature of O.C. "A" Company.

[Signature]
Signature of Soldier.

Dated at

Maguery Down Camp.
Wentworth.

No. *B615* Name *Gouglas George* *Sqn., Bally., or Company* *10th A. Corps 1st Newfoundland* Date of enlistment *18.11.17* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *100* Signature O.C. Company, etc. *W. S. Knight 2 Lt.* Character *Good.*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Quinn</i>	<i>7/11/17</i>	<i>Oke</i>		<i>When on Active Service being deficient of kit</i>	<i>C. M. Keatley</i>	<i>Dep of 3 days pay and pay for deficiency</i>	<i>7/11/17</i>	<i>W. S. Knight</i>	<i>1/4</i>
<i>Ronan</i>	<i>7/12/17</i>	<i>Pte</i>		<i>When on Active Service being deficient of kit</i>	<i>C. M. Keatley</i>	<i>Dep of 1 day pay & pay for deficiency</i>	<i>7/12/17</i>	<i>W. S. Knight</i>	<i>CMBk 24</i>

11/11

Loglar, A.

3615

Ray sept.

January 27th., 1919

#3615 Pte. George Goiglas
516 Water St., West
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 729."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3615 Rank Private Name Gouglas, G.
 Intended place of residence St Johns, 16 Water St West

2. Occupation Fireman
 Classification of soldier B. Medical Category B.

3. The above named man is discharged in consequence of.....
ELIGIBLE for POST-DISCHARGE PAY

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place
 Date JAN 11 1919 W. H. L. Capt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St Johns Gouglas, G.
11-1-19 Signature of soldier
 Edwards Capt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date 11-1-19 Gouglas, G.
 Signature of soldier
ST. JOHN'S. W. J. Eaton R. Q. M. S.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-4-17 No of days on Military
 Discharged from service 18-1-19. Plus 14 days Service 652 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S R. H. L. Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date 13-1-19

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St Johns, Nfld W. H. L. Capt.
 Officer i/c Records
 Date January 27/1919 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1613 Rank Pte Name Douglas A
 Date of Enlistment 16.4.17 Address Sydney District Sydney
 Occupation Fireman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Probably unfit Disability Rating 20%
 Passed to Demobilization Officer with following documents:—

N.F. P. <u>1</u>	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1916	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 11.1.19

W. H. King Capt
O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment. 11

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action. Englar 5

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
 (b) Clothing Supplied Joseph H. Snow

Date 11-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 465 to his home
 at St John and Release Certificate No. 741 issued.

Date 11-1-19 OB Dubois
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 27-1-19

Date 11-1-19 W. H. Capt.
 Depot Paymaster.

Discharge approved for 12.1.19

Forwarded with following documents to O.C Discharge Depot.

N.F. B 178a	B 268	B 121	N.F. Mod.	D.F. 1
E 178	W 349A	B 122	Board 1st.	" 2
B 178a	D 400A	B 191E	do 2nd.	" 3
B 179	D 400B	Form L	do 3rd.	" 4
B 179a	D 400C	Form K	do 4th.	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 13.1.19 OB Dubois Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date 13-1-19 R.H. Capt.
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work as Fireman
(going to Toronto) etc

Guyler S.

Signature of Man.

Reg. No. 3615

Erwin C. A. J.

Signature of the Vocational Officer or his Representative.

Place

St. John's N.F.L.D.

Date

11/1/19.

191

Institute

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the
Regular Army.

MEDICAL HISTORY

Surname Goiglas Christian Name Christian

Table I.—GENERAL TABLE.

Birthplace:—Parish Russia County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>10th</u> day of <u>April</u> 191 <u>7</u>		on	day of 191
	at <u>Headquarters</u>		at	
Declared Age	<u>24</u> years — days		years	days
Trade or Occupation	<u>Fireman</u>			
Height	<u>5</u> feet <u>11</u> inches		feet	inches
Weight	<u>161</u> lbs.			lbs.
Chest Measurement {	Grith when fully expanded <u>40</u> inches			inches
	Range of Expansion <u>5</u> inches			inches
Physical Development				
Vaccination Marks {	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>5/6</u>	R.E.—V=	
	L.E.—V=	<u>5/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>W.E. Procmier</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns</u>		at	
	on <u>10th</u> day of <u>April</u> 191 <u>7</u>		on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4/1st Regt 3615</u>			
Transferred to				
Became non-effective by	on		on	
(Signature)	day of 191		day of 191	
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Down	26	9	18	7	10	18	Constipation	10	Discharged to duty. Admitted 3 pyrexia. T. 99-101° for first 6 days. Moderate constipation. Pills. Mag Sulph., no givens & bowels well opened. Liquid Paraffin given, good result. Discharged to unit. <i>C. Morse Major</i>	<i>G. S. (P) Wigan</i> CAPT., R.A.M.C.
Hazley Down	4	11	18	11	11	18	Influenza	7	Discharged to duty.	<i>G. S. (P) Wigan</i> CAPT., R.A.M.C.

LAST PAY CERTIFICATE

N.F.P. /94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3616 Rank Rte. Name Goigles. A. Unit ROYAL NEWFOUNDLAND REGT: who was repatriated
to Newfoundland on 11/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS					£	s	d	PARTICULARS					£	s	d	CR.		
PERIOD: From <u>23/11/18</u> To <u>20/12/18</u>	Balance Dr. from								Balance Cr. from										
	Allotment days @								Pay <u>19</u> days @ \$ <u>1.00</u>					<u>19</u>	<u>00</u>				
	Cash Payments:								Field Allowance <u>19</u> days @ \$ <u>1.10/100</u>					<u>19</u>	<u>90</u>				
	<u>1st Pay</u>					<u>1</u>	<u>10</u>	<u>0</u>	Other Allowances days @ \$										
	<u>2nd "</u>					<u>2</u>	<u>14</u>	<u>0</u>	Other Credits:										
	Other Debits:																		
	<u>B. Damage</u>							<u>6</u>											
	<u>Mis. Stopp.</u>							<u>15</u>											
	Total Debits						<u>4</u>	<u>5</u>	<u>11</u>	Total Credits						<u>4</u>	<u>5</u>	<u>11</u>	
	Balance due by Paymaster								Balance due to Paymaster										

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

F. C.
HAZELEY DOWN CAMP
 (Place) Dec 11th 1918.
 (Date)

[Signature]
 O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Medical Report on an Invalid.

Station

Hazelton Down Camp

Date

28/1/18

1. Unit

Royal Newfoundland

7. Former Trade
or Occupation

2. Regimental No.

3675

3. Rank

PTE

7A. If with previous service in Army, state—

4. Name

COICLAS

(a) Former Unit;

5. Age last birthday

(b) Regimental No.;

6. Enlisted

{ on
at

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G. S. W. Rt. Hand.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Classified B. II No.
2. M. B. Rouen.
vide. A.F.B 103.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional, or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Wounded Active
Service

N.A

N.A

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*Scars on back of hand
stiff index and second
finger Rt Hand, unable
grasp rifle*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation (1)

W.P. 11
Approved
ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war; *Yes*

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? *S.S.A.*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil. *20%*

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England? *Yes*

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic training) is desirable in a— *Would probably benefit by proper treatment.*

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station *Medical*

Date *Jan. 8/19*

Approved

Station

Date

[Signature] President.

[Signature] Members.

[Signature] Administrative Medical Officer.





Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending, at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification, depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i | c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *George Douglas*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3615*

Intended address *Canada*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Scar on Cheek*

Figure on discharge *Tall*

Christian name of Father *George*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Montreal Aug 1898*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Douglas, G.*

Station *St. John's*

Date *14/11/19*

(Rank) *Plt.*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station _____

Date _____

Medical Officer in Charge, ROOM
Unit, or Command Depot.



Casualty Form—Active Service.

Regiment or Corps NewfoundlandRank pte Surname Leiglass Christian Name GeorgeReligion Roman-Catholic Age on Enlistment 24 years 0 months.Enlisted (a) 16/4/17 Terms of Service (a) Duration Service reckons from (a) 16/4/17

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____Occupation LaborerSignature of Officer. Harold Knight

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 35, or other official documents
Date	From whom received				
			Embarked ... <u>Southampton</u>	<u>2-12-17</u>	
			Disembarked... <u>Rouen</u>	<u>4-12-17</u>	
				<u>4-12-17</u>	<u>B 2113</u>
<u>29-12-17</u>	<u>OC BN</u>	<u>James BN</u>		<u>11-1-17</u>	<u>B 213</u>
<u>21-1-18</u>	<u>"</u>	<u>W.P. Brennan</u>	<u>Fixed</u>	<u>21-1-18</u>	<u>19719</u>
<u>20-1-18</u>	<u>109 2nd</u>	<u>Ad G. W. Hand trans</u>	<u>by C.C.F.</u>	<u>20-1-18</u>	<u>EO 6752</u>
	<u>56 South</u>	<u>"</u>	<u>Tables</u>	<u>20-3-18</u>	<u>Ad 20853</u>
	<u>6 Cal sep</u>	<u>"</u>	<u>"</u>	<u>22-3-18</u>	<u>KA 20886</u>
	<u>D. G. P. S.</u>	<u>James has report</u>	<u>Rouen</u>	<u>23/4/18</u>	<u>Kace</u>
	<u>"</u>	<u>To M.B.S.</u>	<u>"</u>	<u>24/4/18</u>	<u>Kace</u>
<u>27-7-18</u>	<u>2nd Lt</u>	<u>Cl. Bii (Gen R. hand)</u>	<u>"</u>	<u>2-5-18</u>	<u>W 3529/18</u>
<u>17 Sept 18</u>	<u>"</u>	<u>In England B.</u>	<u>Rouen</u>	<u>11/5/18</u>	<u>Kace</u>
		<u>W.P. Brennan</u>	<u>1st C.C.F.</u>		<u>1/5/18</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

[P.T.O.]

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No 3615. Rank Pte. Name Goigles. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18. Authority _____ Cause _____

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS				\$	¢	£	s	d	PARTICULARS				\$	¢	£	s	d
Balance Dr. from									Balance Cr. from								
Allotment days @									Pay 19 days @ \$ 100				119	00			
Cash Payments:									Field Alice 19 days @ \$ $\frac{10}{100}$				1	190			
18 th Pay.						1	10	0	Other Allices days @ \$				150	90	14	5	11
22 nd "						2	14	0	Other Credits:								
Other Debits:									Total Credits						144	5	11
B. Damages.								6	Balance due to Paymaster								
Mis Stopp.								15	Total Debits						144	5	11
Total Debits						144	5	11	Balance due by Paymaster								
Balance due by Paymaster						144	5	11	Total Credits						144	5	11
						144	5	11	Balance due to Paymaster								
									Total Debits						144	5	11
									Balance due to Paymaster								
									Total Credits						144	5	11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

F. Co.

HAZELEY DOWN CAMP

Dec 11th 1918

(Place)

(Date)

Made up/Checked in accordance with information received in the Pay & Record Office London to 1911/11 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Dec 19th 1918OK
WJ

Chief Paymaster & Officer i/c Records.



ALL SOLDIERS WELCOME

Catholic Army Huts.

Camp _____

Dear Sir, - Could you please
send me my discharge.

My name is

3615 G. Guglas

117 Portland St.

Toronto

Ontario

Canada

Discharge Certificate Sent to

3615 Mr. G. Griffin

16 Water St (West)

City

ON July 27th 1919

WRITE ON BOTH SIDES.



Toronto, Mar. 18/19.

Department of Militia.
St. John's
Newfoundland.

Sir.

Received your letter of
March 8/19. With Reference to my discharge
Papers. which were sent to No 16 Water St.
West. St. John's. on Jan 17/19. Would you
kindly send them on to me here and
Oblidge. Yours sincerely.

No 3615. G. Guglax
117. Portland. st.
Toronto.

Out.

Canada.

~~Encl~~ Sent to above Address.

March 24 / 1919

March 8, 1919

No. 3615, Pte. G. Goigalis,
117, Portland Street,
TORONTO,

C a n a d a.

With reference to your letter of recent date regarding your Discharge Papers, I beg to inform you they were forwarded to No. 16, Water St. West, St. John's, on January 17th., as that was the only address we had concerning you.

Lieut.
For Paymaster & C i/c Records



Papers Only

Toronto April 12/19.

Paymaster & Officer in Records
St. John. Newfoundland

Dear Sir:

Re Discharge no. 3615; P.A.

Coigles, George. Royal Newfld. Reg.
When forwarding letter with
discharge enclosed was there
anything else enclosed as the
letter had been opened
when I received it. I would
like to know if check was
enclosed.

I would like to know



Dear Sir

5413

I received your cheque for
70 Dollars of my first payment
of War Service Gratitude will
you kindly send me my War
Badge I have never got it yet

I am your truly

No 3615 Pte George Coigalis

117 Portland ~~Ont~~ St

Toronto Ont

G. Coigalis



4677

if newfld. soldiers are to receive
 any compensations for service
 overseas like the Canadians.
 If so I would like to have
 full particulars as to how I
 could get mine.

Thanking you in anticipation
 of an early reply, I beg to remain
 Yours truly

No. 3615

Pte. G. Gaglalis
 117 Portland St.
 Toronto
 Ont.

G. Gaglalis

April 22nd. 1919

G. Goigalis,
117, Portland Street,
TORONTO.

Dear Sir:

With reference to your letter of April 12th. I beg to inform you that there was not any a cheque enclosed with your Discharge Papers; the envelope contained Discharged Papers only.

With reference to the latter part of your letter, I enclose form of claim for War Service Gratuity, which kindly have filled out before a Solicitor and returned.

Yours truly,

Latta
For Paymaster.

N.F.P./54

NO.44

From Pay & Record Office London

To Minister of Militia, St. John's, Nfld.

#3615 Pte G. Goiglas

Ration Allowance credited in 2/Bn. Pay Book but net on
N.F.P./94 8s.4d.

May 14, 1919

#3615 Pte. George Gogalis,
#117 Portland St.,
Toronto, Ont.

Dear Sir:-

Referring to your application I enclose
cheque for Seventy dollars (\$70.00), being amount of
first payment due you on account of the "War Service
Gratuity."

Yours truly

Captain
Paymaster & C. i / c Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *George* 2. Surname *Seiglas*
3. Rank *Pte* 4. Regt. No. *2615*
5. Address in full to which future payments of gratuity are to be forwarded, *Royal Newfoundland Reg*
117 Portland St
Toronto Ont
6. Date of enlistment in the Regiment. *April 16th 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *Does not apply*
9. Address in full of such dependents..... *Does not apply*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
11. Were you on active service only in field, if so, give dates and particulars of such service. *Not applicable*
12. Give total length of time which you served on active service, whether in field, or overseas. *Our Year and 287 days*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Not applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

Have not quite clear on this question as regards Gratuity. (I got some money on dis)

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces...

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

I do not know how much.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

19. Are you now serving in the R.C.A.F.? *No* If not give - (a) date of discharge *January 27th 1919*

Reason for discharge *Deobligation. Good medical unfit*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

Oct 1917

29th Div. Imp.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *J. Douglas*
 Place of Residence: *117 Portland St Toronto*
 Declared before me at: *Toronto*
 This *Fifth* day of *May* 19*19*....

Signature of Registrar of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits. *[Signature]*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
.....
Certified correct.				Registrar

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 100 ¹⁰/₁₀₀

July 15 1919

Received from the First Newfoundland Regiment
the sum of one hundred ⁰⁰/₁₀₀ Dollars.

~~amount~~
balance of Pay. P. D. O.

J. G. [unclear] [unclear]
Regtl. No. 3615 Rank [unclear]

Ch. No.	8378	Initials	EW
Pay Ledger	414	Initials	AWL
Gen. Ledger		Initials	

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 100 ¹⁰/_{xx}

July 15 1919

Received from the First Newfoundland Regiment
the sum of one hundred ⁰⁰/_{xx} Dollars.

~~amount~~
balance of Pay. P. & O.

J. Eugene Jones
Regtl. No. 3615 Rank Private

Ch. No.	8378	Initials	EW
Pay Ledger	414	Initials	AWL
Gen. Ledger		Initials	

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 100 $\frac{10}{100}$

July 15 1919

Received from the First Newfoundland Regiment
the sum of one hundred ~~00~~ $\frac{10}{100}$ Dollars.

~~amount~~
balance of Pay. P. & O.

J. Eugene de Green
Regt. No. 3615 Rank $\frac{1}{2}$

Ch. No. 8378	Initials. EW
Pay Ledger. 414	Initials. AWL
Gen. Ledger.....	Initials.....

No. 3615.

Rank O6

Name Goglas, J

Medical Report on an Invalid.

Station HAZELBY DOWN CAMPDate NOVEMBER 26th., 1918

1. Unit **ROYAL NEWFOUNDLAND**
2. Regimental No. **3616**
3. Rank **PRIVATE**
4. Name **GEORGE GEORGE**
5. Age last birthday
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***GUN SHOT WOUND RIGHT HAND**Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

CLASSIFIED ALL N. B. ROUEN

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

WOUNDED ACTIVE SERVICE

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

SCARS ON BACK OF HAND STIFF INDEX AND SECOND FINGER RIGHT HAND. UNABLE TO GRASP RIFLE

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

REPATRIATION (1)

(SGD) J. STP. KNIGHT, CAPT. ROYAL WFLD. REGT

Officer in medical charge of case,

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

YES

(i.) Service during the present war ;

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

CL.S.W.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

20%

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

YES

WOULD PROBABLY BENEFIT BY PROPER TREATMENT.

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(SGD) H. S. FRASER

President.

ST. JOHN'S HFLD.

J. S. TAIT

Station

JAN. STR., 1919.

L. PATERSON MAJOR

Date

Members.

Approved

(SGD) L. PATERSON MAJOR

Station

Administrative Medical Officer.

Date



COPY

C. R. C. Form B.
25-10-18-5000

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work as Fireman

(going to Toronto).

(SGD) A. Goiglas

Signature of Man.

Reg. No. 3615

(SGD) C.B. Dioks Capt.

Signature of the Vocational Officer or his Representative.

Place St. John's N.F.

Date 11-1-19

191

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3615 Rank Pte. Name A. Goiglas
 Intended place of residence 16 Water St. West, St. John's

2. Occupation Firaman
 Classification of soldier B. Medical Category E.

3. The above named man is discharged in consequence of Demobilization

ELIGIBLE FOR POST DISCHARGE PAY.

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place (SGD) G.G. Duley Capt.
 Date Jan. 11th 1919 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St. John's (sgd) A. Goiglas
11-1-19 Signature of soldier
(SGD) G.B. Dicka Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date St. John's (SGD) A. Goiglas
11-1-19 Signature of soldier
(SGD) W.J. Eaton RQMS.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-4-17 No of days on Military
 Discharged from service 13-1-19 Plus 14 days Service

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place St. John's (SGD) R.H. Tait Capt.
 Date 13-1-19 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place Officer i/c Records
 Date The Royal Newfoundland Regiment

Medical Report on an Invalid.

Station KEELEY DOWN CAMP
 Date NOVEMBER 28th., 1918

1. Unit **ROYAL NEWFOUNDLAND**
 2. Regimental No. **3615**
 3. Rank **PRIVATE**
 4. Name **GEORGE GEORGE**
 5. Age last birthday
 6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
 7. Former Trade }
 or Occupation }
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

GUN SHOT WOUND RIGHT HAND

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
 10. Place of origin of disability.
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

CLASSIFIED Bill M. B. ROUEN

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

WOUNDED ACTIVE SERVICE

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

SCARS ON BACK OF HAND STIFF INDEX AND SECOND FINGER RIGHT HAND. UNABLE TO GRASP RIFLE

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

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17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

REPATRIATION (1)

(SGD) J. STP. KNIGHT, CAPT. ROYAL WFLD. REGT

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,
except †

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war ;

YES

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

CLS.V.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

20%

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

YES

(b) Change to England?

WOULD PROBABLY BENEFIT BY PROPER TREATMENT.

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(SGD) H. S. FRASER

President.

ST. JOHN'S HFLD.

J. S. TAIT

Station

L. PATERSON MAJOR

Members.

Date

JAN. 8TH., 1919.

Approved

(Sgd)-Dr-PATERSON- CLUNY MACPHERSON, MAJOR

Station

Administrative Medical Officer.

Date



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
29.

Number of Sheets

Regiment of

1st Newfoundland

Signature of O. C. Company

Thos. Dyer Capt.

Regimental Number and Name	
No. <i>3615</i>	<i>Boyle George</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>24</i> years — months
Place and Date of Enlistment	<i>St. John's 16.4.17</i>
Period of	with Colours <i>28</i> years.
	with Reserve <i>36.5</i> years.

Trade	<i>Fireman</i>
Religion	<i>R. C.</i>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Newton Park Sch.</i>	<i>10.11.17</i>	<i>Pte</i>		<i>1. Breaking isolation 2. Absent from tent and case till reported at Review 12.11.17</i>	<i>S. C. Dick Corp. Leavelle Corp. Walsh</i>	<i>96 Hrs detention Major Dyer M.C.</i>		<i>Major Dyer M.C.</i>	<i>1/2 day pay R.W.</i>
<i>Demobilized St. John's, 27/19</i>									

To be carried over

Army Form B. 121.

Δ3615

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 31415 Rank Pvt Name Geigles A
 Date of Enlistment 16.4.17 Address Sydney District Sydney
 Occupation Fireman Classification for Discharge O Medical Category E
 Recommendation S.M.B. Peaceably Unfit Disability Rating 20%
 Passed to Demobilization Officer with following documents:—

N.F. P. <u>394H.1.</u>	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
B 179	D 400B	Form L.	do 3rd.	" 4.
B 179a	D 400C	Form K.	do 4th.	" 5.
B 179b	B 103	ME 2.		" 6.
B 179c	B 120	M 93.		

Date 11.1.19 W. May Capt
 O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment. N

I am..... in a position to resume civilian occupation.

Geigles A.

Particulars passed to Vocational Officer for information and action.

ELIGIBLE FOR POST DISCHARGE PAY

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$65.00
- (b) Clothing Supplied Joseph W. Brown

Date 11-1-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 465 to his home at St John's and Release Certificate No. 741 issued.

Date 11-1-19

C. B. Dickson Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 27-1-19

Date 11-1-19

W. H. King Capt.
Depot Paymaster

Discharge approved for 13. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P1a	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 13. 1. 19

C. B. Dickson Capt.
Demobilization Officer

APPROVED h.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date

R. J. ... Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Jan 17 1919

W. H. King
Depot Paymaster

Jan. 11th, 1919

From Officer Commanding,
Discharge Depot

To Board of Pension Commissioners,
Militia Building.

3615 Pte. G. Goiglas

Above noted man was before the Standing Medical Board on 8-1-19 and was recommended for discharge as permanently unfit and requires treatment.

His discharge on demobilization has been approved by the Officer Commanding, effective from 13-1-19 and I am sending him herewith for your attention and necessary action, please.

Copy of his Medical Board will be forwarded you in due course.

This man purposes taking up civilian employment in Toronto and if it is in order for him to proceed there will you please return him to Depot with a chit to that effect so that we can issue

- 2 -

him with a Railway Warrant to Sydney.

CCD/c

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

HON. SIR P. F. MCCRAZE, K.B.M.
(President Legislative Council),
Chairman
HON. J. A. CLIFF, K.C. C.B.E.,
Minister Agriculture and Mines
CAPT. W. H. PARSONS, R.A.M.C.



IN REPLY REFER TO

NO.

St. John's

Jany. 14/19

From:- The Board of Pension Commissioners for Nfld.
To :- The Officer Commanding Discharge Depot.

3615 Pte. H. Goigles

Arrangements will be made for this man's treatment in Toronto, and you may, therefore, proceed to make arrangements. *for his decease.*

W. H. Parsons
Secretary.

Reg. No. *3611* Rank *Plt* Name *Goigalis, Geo.*

Attested Address *W. J. A.*

Allotment Allottee

Date of Allotment Returned from Overseas *21-12-18*

Embarked for Overseas Cause *Discharge*

8.1.19

Rec. Discharge penalty unfit - Request Treatment

11-7-19

PASSED TO DEMOBILIZATION OFFICE

13-1-19

DISCHARGE APPROVED ON DEMOBILISATION